

Medical Homes for Children in Colorado

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Colorado's Children

- The numbers:
 - Birth rate: Approximately 70,000 births/year
 - 1/3 covered by Medicaid and CHP+
- Early Intervention/Part C population
 - 4,900 enrolled and receiving EI services (9/1/09). A 36% increase from FY07-08
 - Approximately 2.16% of birth to three populations
- Estimated that 17.6 % of all children in Colorado ages 1-14 have a special health care need
 - That is 162,000 children[\[1\]](#)

• [\[1\]](#) 2008 data from State Demography Office with Colorado Department of Local Affairs

Statewide Effort

- Focused on how to build systems of quality health care for all children while increasing the capacity of providers to deliver care to children
- 2001 - NICHQ learning collaborative
- Practice level barriers pointed to systems level barriers
- Positioned as a resource to providers
- Honored the family perspective
- Value-add perspective
- Unified voice for systems change
- Collaborative – non-regulatory

Statewide Effort, con't

- 75 Participants
 - Tap into those interested in your work
 - 501c3 agencies
 - Family Voices
 - Private insurance partners
 - Non profits
 - Academy programs
 - Residency programs
 - Nursing Schools
- Embracing families as a resource - not simply as a consumer of services
- Integrating the core concept that families are not asking to be “fixed”
- Understanding the difference between family representatives and family leaders
- Investing in family leadership development and utilization thereof

SB07-130

- **SB07-130**
- Verifiably ensures continuous, accessible, and comprehensive access to and coordination of community-based medical and non-medical care, mental/behavioral health care, oral health care and related services for a child
- Colorado law states a medical home can be a medical, oral or mental health provider
- ***If a child's medical home is not a primary medical care provider, MUST ensure that a child's primary medical care needs are appropriately addressed***
- Integration of efforts
- Shared partnership – HCPF and CDPHE
 - Shared - Developing standards (completed 2008)
 - HCPF – Reporting activities to JBC, Legislative body and Governor's Office (ongoing/6 months)
 - HCPF - Increasing access for children who are covered by public programs to have a Medical Home

SB07-130

- HCPF – Practice Transformation including Parent Practice Partnerships (Family Voices Colorado)
- HCPF - Quality Improvement
- HCPF – Measurement of the success of SB -07-130
- HCPF – Reduction in ED utilization by finding children a Medical Home provider
- CDPHE focus on Systems
- CDPHE niche with Family Leadership

Standards – Evaluation Task Force

- Based on the 7 quality components (domains)
- Developed by key stakeholders
 - Family leaders, mental health, physical health, NCQA, pediatricians (Colorado AAP), AAFP, researchers, representatives from state agencies
- Statewide consciousness
- Assurances
 - Program will not be punitive, prescriptive or costly for providers
- Literature outside of Medical Home
- Consolidation
- Crosswalk with NCQA standards
- Data sources for each standard
- Statewide survey for feedback
- Focus on edits and consistent language
- Steering committee for approval

What We Learned

- Providers articulated many areas where Colorado should be providing technical assistance
 - **Provider Help Line**
- **1-800 number for the state**
- Providers and patients can call
 - Receive near immediate referrals for all available community programs (medical and non-medical)
 - Assistance with complicated insurance issues
 - Assistance with process and systems issues
 - Tracking of gaps and trends to report back to the Department
- Families were eager for partnerships
- Providers had a format to express fears and concerns
- Reimbursement discussion always bubbled to the top – we had to think beyond this issue

What We Learned, con't

- Revived commitment to the Medical Home Learning Collaborative
 - NICHQ model – adapted for systems development
- Creating a Medical Home to impact individual families
- Preserving the integrity of our commitment to supporting our provider communities
- Utilizing current infrastructure – no need to reinvent the wheel
- Don't reinvent the wheel
 - Use what is already available and paid for by others
 - Tie into existing programs and you don't need to ask for a waiver or state plan amendment
 - Colorado tied Medical Homes to EPSDT
 - Built in measurements
 - » EPSDT 416
 - » HEDIS
 - » Medical Home Index for provider and family satisfaction

Pilot Project

- Funded by Colorado Foundations as well as Governor Ritter's Building Blocks for Healthcare
 - Colorado Health Foundation
 - Rose Community Foundation
 - Caring For Colorado
 - Piton Foundation
 - Community Child Health Foundation
 - The Children's Hospital
 - The Denver Foundation
- Pilot based on pay for performance (P4P) for well care
 - No reward for sick care, only EPSDT preventative care for children
 - Only children in the Fee for Service Program allowed to participate in the pilot

Pilot Project, con't

- Certified practices receive the Medical Home Incentive
 - 7/1/08 rate increase to 90% of Medicare
 - Most CPT codes now at 87.5% as of 12/1/09
 - Add Pay for Performance (P4P)
 - \$10.00 for those 0-4
 - \$40.00 for those 5-20
 - Increase Plus P4P: At least 100% of Medicare reimbursement rates for EPSDT well child codes (Most at 112%+)
 - Medical Home Index (MHI) for practices, parents and adults
- 4 year pilot proved additional reimbursement was not necessarily needed
 - Medical Home Learning Collaborative - NICHQ
- Need to go beyond the Chronic Care Model
 - NCQA

Pilot project, con't

- Initial observation and evaluation suggests:
- An increased incidence of lower-cost preventive care.
 - 47% of CCHAP children had a well-child visit in the 6-month observation period compared with 35% of non-CCHAP children. This difference is valid across all age groups and duplicated in children with a chronic condition.
 - Emergency Department utilization was reduced and less expensive for children who participated in the CCHAP program.
 - Reduced hospital utilization as a benefit of the medical home extended beyond the Emergency Department.
 - The trend of lower cost/lower hospital utilization persisted through the chronically ill population enrolled in Medical Homes when compared to similar populations in non-Medical Home service delivery.

ABCD Project

- Promoting comprehensive, coordinated, accessible, continuous components of Medical Home
- Started 2006, Colorado Dept of Human Services, Colorado Dept of Education, and Colorado Dept of Public Health and Environment
- Increase rate of identification of children with developmental delays;
- Increase use of standard developmental screening tools in primary care practices,
- Increase PCP knowledge and utilization of Early Intervention Colorado system

ABCD Project Result, con't

- Between October 1, 2007 and March 31, 2008 of the 2573 total referrals made to El Colorado, 532 or 21% were from PCP's
- Between October 1, 2008 and March 31, 2009 of the 3005 total referrals to El Colorado, 863 were from PCP's, or 29%
- Of the overall increase in referrals, 76% attributable to referrals made by primary health care providers
- 65% of the increase in PCP referrals came from communities that received ABCD training and technical assistance
- Code for developmental screening adds even more to the practice (96110)
- Increased developmental screenings by 7000% in the pilot phase
- Reached 33% of the children eligible for screenings during pilot phase
- Following up with practices whose billing for this code does not stay at a baseline level

Medical Homes in CO

- **59.3%** of Colorado's children age 0-17 meet criteria for having a medical home* compared to **57.5%** Nationwide*
[\[1\]](#)
- 245,000 Medicaid and CHP+ Eligible Children now have active Medical Homes in Colorado
- 524 Pediatricians, Family Medicine Docs and philanthropically supported Clinics
- All CHP+ Managed Care contracts currently participate
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[\[1\]](#) Data Source: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Data Resource Center for Child and Adolescent Health website. Retrieved 11/10/09 from www.nschedata.org